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MAY 19 2004

The Honorable Richard Cheney
President of the Senate
Washington, DC 20510

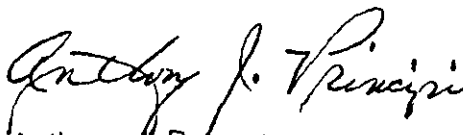
Dear Mr Vice President

As required by Title 38 U S C 8111(f), we are pleased to submit the enclosed report for Fiscal Year 2003 regarding the implementation of the health coordination and sharing activities portion of the National Defense Authorization Act of 2003 (P L 107-314)

The Annual Report of the Executive Committee required by Title 38 U S C 8111(c)(4) will be transmitted under separate cover within 60 days. These two reports will be combined for the Fiscal Year 2004 reporting period.

Also, enclosed is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely yours,



Anthony J. Principi
Secretary of Veterans Affairs



Donald H. Rumsfeld
Secretary of Defense

Enclosures

OSD 06860-04

MAY 19 2004

The Honorable J Dennis Hastert
Speaker
U S House of Representatives
Washington, DC 20515

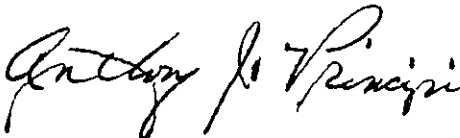
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THE DEPARTMENT OF VETERANS AFFAIRS
AND
THE DEPARTMENT OF DEFENSE
REPORT ON HEALTH CARE RESOURCE SHARING

"The Department of Veterans Affairs (VA) and the Department of Defense (DoD) Health Resources Sharing and Emergency Operations Act" (38 USC 8111(f)), requires the Secretary of Veterans Affairs and the Secretary of Defense to submit a joint report to Congress on the implementation of that portion of the law dealing with sharing of health care resources between the two Departments. The following information is submitted for the period October 1, 2002, through September 30, 2003.

I. VA/DoD SHARING GUIDELINES

In 1983, VA and DoD promulgated joint guidelines for the promotion of sharing of health care resources between the Departments. A copy of the 1983 Memorandum of Understanding (MOU) establishing the basic guidelines is at Appendix A.

II. ASSESSMENT OF SHARING OPPORTUNITIES

A. Over the last year the Department of Veterans Affairs and the Department of Defense have undertaken unprecedented efforts to assert and support mutually beneficial opportunities to improve business practices; ensure high quality cost effective services for both VA and DoD beneficiaries; facilitate opportunities to improve resource utilization; and remove barriers and challenges that impede collaborative efforts. Through the VA/DoD Executive Council structure, the Departments are working together to institutionalize VA/DoD sharing and collaboration through a joint strategic planning process.

B. VA/DoD Health Executive Council (HEC)

The purpose of the HEC is to increase oversight and accountability between the two Departments. The HEC was placed under the auspices of the Joint Executive Council (JEC) in 2002. It is co-chaired by the VA Under Secretary for Health and the Assistant Secretary of Defense for Health Affairs.

The HEC has chartered a number of new work groups and revamped existing work groups to focus on specific policy areas. These work groups have achieved significant success in improving interagency cooperation in such areas as: information management/information technology (IM/IT), financial management, joint facility utilization, pharmacy, medical-surgical supplies, patient safety, deployment health, and clinical practice guidelines.

High priority issues for the past year included the standardization of billing and reimbursement for health care services, Federal Health Information Exchange (FHIE) initiatives, and joint pharmaceutical purchases. The following is a summary of progress on these and other issues:

1. Information Management and Technology: This work group was established for DoD and VA to share existing products and collaborate in development of medical information management and technology. Numerous initiatives are addressed in Section D.
2. Clinical Practice Guidelines: DoD and VA are collaborating to publish jointly used clinical practice guidelines for disease management. DoD and the Veterans Health Administration (VHA) are now using the same explicit clinical practice guidelines to improve patient outcomes. Clinical guidelines have provided consistent, high-quality health care delivery in both Departments. Guidelines have been published for the following clinical areas: asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), cardiovascular disease, including hypertension, hyperlipidemia, ischemic heart disease and chronic heart failure, depression, diabetes mellitus, dysuria in women, low back pain, medically unexplained symptoms, chronic pain and fatigue, post-operative pain management, redeployment health, substance abuse and tobacco cessation. The VA/DoD Evidence-Based Clinical Practice Guidelines Working Group finalized a new guideline for stroke rehabilitation and updated guidelines for diabetes mellitus and hypertension. The working group also began working on guidelines for use of opioids in the management of chronic pain and for post-traumatic stress disorder. Other guidelines pending or planned include uncomplicated pregnancy and updates for the tobacco use cessation, low back pain, and asthma. The workgroup also conducted six satellite broadcasts to disseminate new and updated guidelines. Tool kits for each guideline are also being made available to providers and patients via brochures, CD-ROMs, pocket cards, and on the Web.
3. Patient Safety: DoD and VA are collaborating on internal and external reporting systems for patient safety. DoD has established a "Patient Safety Center" at the Armed Forces Institute of Pathology using the VA National Center for Patient Safety as a model. VA continued to work with the National Aeronautics and Space Administration (NASA) to develop an external system to complement their internal reporting system.
4. Pharmacy: The HEC established the VA/DoD Federal Pharmacy Executive Steering Committee to improve the management of pharmacy benefits for both VA and DoD beneficiaries. Joint partnerships for contracting for pharmaceuticals have been very successful. The Departments have conducted a pilot test where VA CMOP-Leavenworth refills outpatient prescription medications from DoD's Military Treatment Facilities (MTFs) at the option of the beneficiary. The DoD sites are at: Naval Medical Center, San Diego, CA; Fort Hood Army Community Hospital, Killeen, TX; and 377th Medical Group, Kirtland AFB, NM. The Departments have reviewed analysis of the joint DoD/VA CMOP Pilot prepared by Center for Naval Analysis (CNA) and have found the program to be feasible, with high participation by DoD beneficiaries, and high satisfaction among users of the program. The CNA report is inconclusive on whether the CMOP program is cost-effective for DoD. Relative cost data will continue to be assessed by DoD.

While DoD continues to be interested in exploring this joint activity with VA, it will not centrally fund the CMOP initiative. Continuation of CMOP services to the pilot sites will be at the discretion of each MTF Commander and respective Military Service.

The status of the program at the end of the fiscal year was:

- The Army is considering continuation of the program at a different site.
 - The Navy is considering continuation of the program at Naval Medical Center, San Diego, CA.
 - The Air Force is considering continuation of the program at Kirtland AFB, NM
5. Medical/Surgical Supplies The Medical/Surgical Supplies Work Group focused on four activities. VA and DoD continued the migration to a single Federal pricing instrument, the Federal Supply Schedule (FSS), for medical surgical products, which began in 2002. The work group continues to develop and define requirements for a joint on-line single Federal-pricing catalog, which will provide "real time" visibility of contract items
6. Benefits Coordination This work group was chartered to examine opportunities for increased coordination of VA and DoD health care benefits. The group completed its review of the impact of current legislation, including the VA Millennium Act, TRICARE for Life and the President's budget enrollment provision on the coordination of benefits for dual-eligible DoD and VA beneficiaries. As part of this assessment, the work group prepared briefs for the HEC and the President's Task Force to Improve Health Care Delivery to Our Nation's Veterans
7. Financial Management This work group was established to develop policies and procedures for reimbursement and recommendations for streamlined financial processes and business practices for direct VA/DoD sharing agreements. In a follow up to a memorandum of agreement implementing a standardized billing rate based on DoD's CHAMPUS Maximum Allowable Charges schedule, the work group developed guidelines and procedures for waiver request applications for outpatient services. This work group also established criteria for the joint incentive fund.
8. Geriatric Care The Geriatric Care Work Group continued working with VA's Office of General Counsel and the Centers for Medicare and Medicaid Services to further define skilled nursing and home health benefits. The work group is also reviewing data concerning TRICARE for Life as second payer to Medicare for care in Skilled Nursing Facilities to identify potential areas for pilot programs.
9. Joint Facility Utilization and Resource Sharing: This work group was established to examine such issues as removing barriers to resource sharing and streamlining the process for approving sharing agreements. The work group was originally tasked with identifying areas for improved resource utilization through local and regional partnerships, assessing the viability and usefulness of interagency clinical agreements, identifying impediments to sharing, and identifying best practices for sharing resources. The work group was also charged to provide oversight of the VA Joint Assessment Study mandated by the FY 2002 National Defense Appropriations Act. A contract was awarded in November 2002, to study beneficiary utilization within three Federal health care markets: Puget Sound, WA; Honolulu, HI, and, the Gulf Coast between Biloxi, MS, and Panama City, FL. The contractor developed an analytic framework, based on analysis of approximately 56 million patient encounter records from 20 disparate information systems between the two Departments. The most

- significant deliverable from this study is a template for joint health care market planning for use in other markets.

The work group also had responsibility for overseeing compliance with Sections 722, and 723 of the FY 2003 National Defense Authorization Act. These activities are discussed in Section V of this report.

- 10 North Chicago Task Force. Recruitment of North Chicago VAMC (NCVAMC) staff for the VA-Navy inpatient mental health unit was completed. Navy inpatients were to be transferred to the North Chicago VAMC beginning in October 2003. Initiation of the construction project to modernize NCVAMC surgical emergency/urgent care facilities is underway. Discussions on funding for siting and space planning for the Navy Ambulatory Care Center on land adjacent to the North Chicago VAMC have begun while discussions are planned on potential governance models for integrating operations of the two facilities in FY 2004.

C Medical Research

The VA/DoD collaborative research program selects projects based on merit-based scientific review and relevance to the health concerns of veterans and military members. A wide array of research protocols and investigations are supported. Research completed during the last year includes: an epidemiological study of Amyotrophic Lateral Sclerosis (ALS) among Gulf War veterans, a population-based study of post-traumatic stress disorder and self-reported physical health status, an antibiotic treatment trial of Gulf War veterans' illnesses and an investigation of veterans potentially exposed to nerve gas at Khamsiyah, Iraq. VA/DoD collaborative research continues in these areas, as well as in clinical treatment trials of chronic health problems among veterans of the Gulf War, protocols aimed at improving health risk communication of military unique risk factors among veterans and the Millennium Cohort Study, a 21-year prospective study of the health outcomes of deployed and non-deployed veterans.

D Health Information Management and Technology Sharing

DoD and VA are involved in a number of information management and technology activities that significantly contribute to the ability of DoD and VA to securely share appropriate health information necessary to make determination of benefit decisions and provide for the continuity of care of eligible veterans. Examples of joint efforts are:

1. Consolidated Health Informatics (CHI) Initiative. DoD and VA play key roles as lead partners in the CHI initiative. The goal of the CHI initiative is to establish Federal health information interoperability standards as the basis for electronic health data transfer for all Federal agencies. The Department of Health and Human Services (HHS) serves as managing partner for this initiative. Other HHS partners include: Centers for Medicare and Medicaid Services (CMS), National Institutes of Health, Centers for Disease Control and Prevention, Indian Health Service, Social Security Administration, Health Resources & Services Administration, Administration for Children & Families, Food & Drug Administration. Other agencies or Departments involved include: Agency for International Development, Department of Justice, General Services Administration, and the Department of State.

DoD and VA have agreed to adopt joint health care information technology standards where applicable. The full committee is reviewing clinical vocabulary and laboratory standard recommendations developed by joint workgroups.

Other interagency efforts are underway to extend the CHI initiative. DoD and VA are collaborating to determine and enhance the degree of compatibility in information assurance policies and information and data architecture standards. A joint comparison of the security standards of both Departments found them to be compatible and identified no issues that would inhibit interagency sharing. Where differences exist, the Departments are working together to develop strategies to move towards greater compatibility. The Departments continue to use Military Health System (MHS) data models for functions and activities as a starting point for new data efforts. Technical architecture and standards have also been found to be compatible. VA and DoD will continue to review the standards to ensure that interoperability is maintained.

As part of the CHI effort, VA, DoD, and HHS adopted the following standards:

- Logical Observation Identifier Names and Codes (LOINC) for laboratory results
- Health Level 7 (HL7) version 2.4, XML encoded for messaging
- X12 transactions set (required by Health Insurance Portability and Accountability Act regulations)
- National Council on Prescription Drug Programs (NCPDP)
- Digital Imaging Communications In Medicine (DICOM) for digital imaging
- Institute of Electrical and Electronics Engineers (IEEE) 1073 for connectivity of medical devices to computers

CHI is also moving closer to adopting more standards. Since its inception, CHI has identified a target portfolio of 24 clinical domains. Teams for 22 of 24 domains are in place. These teams are in various stages of review and analysis. The new standards will help over the long term to ensure a national electronic health care system that will allow patients and their providers to access their complete medical records when they are needed, leading to reduced medical errors, improved patient care, and reduced health care costs.

The policy memorandum signed by the Assistant Secretary of Defense for Health Affairs (ASD (HA)) in 2002, is a further move towards data standardization for sharing of data with other Federal agencies and for internal analysis. ASD (HA) directed the MHS to begin to shift from capturing inpatient and outpatient clinical records to capturing institutional and professional services records in October 2002. This makes the gathering and sharing of information with other Federal agencies and partnership civilian health care organizations much more direct.

2. Federal Health Information Exchange (FHIE): FHIE, formerly known as the Government Computer-based Patient Record (GCPR), is a collaborative interagency initiative that has established a secure mechanism to enable the electronic transfer of appropriate protected electronic health information. It adheres to applicable privacy laws and regulations relating to Federal agencies providing care to Federal beneficiaries

In general, the Health Insurance Portability and Accountability Act (HIPAA) Final Rule prohibits the nonconsensual disclosure of personally identifiable health information. This rule, however, includes a special exception pertaining to VA. This exception, 45 CFR 164.512(k)(1)(ii), allows DoD to "disclose to the VA the protected health information of an individual who is a member of the Armed Forces upon the separation or discharge of the individual from military service for the purpose of a determination by VA of the individual's eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs." It is clear that this and other provisions of the HIPAA Privacy Final Rule affect the FHIE initiative.

MHS and VHA Chief Information Officers have worked closely to establish the appropriate technical architecture to extract electronic health information from the DoD Composite Health Care System (CHCS) and transmit this information to a secure data repository where clinical data is available for use by VA clinicians. Work on streamlined requirements for the FHIE Near Term Solution began in 2001. The Near Term Solution was deployed nationwide on Memorial Day, 2002 for all VA computer systems, and available on demand for use by VA clinicians and other authorized users.

The Near Term Solution enables the transfer of protected electronic health information on individual service members at the time of their separation from military service from DoD to VA. DoD has transmitted laboratory results (clinical chemistry, blood bank, microbiology, surgical pathology, cytology), radiology results, outpatient pharmacy data, including Non-government prescription data from DoD's Pharmacy Data Transaction System (PDTs), and patient demographic (name, social security number, date of birth, sex, race, religion, category, marital status, primary language, address) information from CHCS to the FHIE data repository for access by VA. Health related electronic data before the date of separation is being extracted. In addition, DoD will continue to gather the same protected electronic health information on service members as they separate, and will transmit this to the interagency FHIE data repository. This data is extracted utilizing a separation listing provided by the Defense Manpower Data Center (DMDC). As of the date of this report, DoD has transmitted DMDC data from 3.9 million separation records and data on 1.8 million unique patients extracted from CHCS to the FHIE data repository.

Based on a comprehensive assessment of additional requirements to provide more protected health information, DoD and VA have begun work to further enhance the current capabilities of the Near Term Solution. The Planned Product Improvement development effort will increase health information available to VA clinicians who provide health care to our veterans. These enhancements include adding the following to the data currently being transmitted to VA: discharge summaries (inpatient history, diagnosis, procedures); allergy information (demographics, drug allergies, text on other allergies), admission, disposition, and transfer information, consult results (referring physician, physical findings, demographics, reason for referral), and outpatient pharmacy data (Pharmacy Data Transaction System data and demographics, type of medicine, strength, quantity, refill, days, supply cost information from the MTFs, National Mail Order Pharmacy data and retail pharmacy profile).

Additionally, DoD and VA have acted on all recommendations made by the General Accounting Office concerning FHIE planning and oversight. Specifically, the Under

Secretary of Defense (Personnel and Readiness) and the Deputy Secretary for Veterans Affairs signed the "Memorandum of Agreement (MOA) for Federal Health Information Exchange Governance and Management." This MOA describes the FHIE mission and its near-, mid- and long-term objectives. The MOA designates VA as the executive agent for FHIE, details four levels of governance, and assigns day-to-day oversight responsibility to the Program Manager, who works in collaboration with DoD and VA staff.

Furthermore, DoD and VA are committed to developing a capability for providers to access and review electronic medical records from either Department (when appropriate) to enhance their ability to provide clinical care. A work group has been formed to pursue this initiative, and is responding to joint DoD and VA executive leadership to achieve this capability not later than the end of FY 2005. As mutually agreed upon requirements are approved, DoD will transfer additional protected electronic health information on individual service members at the time of their separation from military service and on previously separated veterans. In addition, DoD and VA will coordinate with other Federal agencies to conduct a comprehensive assessment of the requirement for a broader sharing of protected electronic health information among multiple Federal agencies. All health information exchanges will continue to be executed in a manner that is fully compliant with HIPAA regulations.

- 3 Credentialing/Privileging: The FY 2002 House Appropriations Committee Report (Public Law 107-298) directed DoD, VA, and HHS, to evaluate the merits of integrating DoD's Centralized Credentials Quality Assurance System (CCQAS) with VA's VetPro program, to facilitate the credentialing and privileging of DoD providers that work in VA medical facilities, and VA providers that work in DoD facilities. VA and DoD each have their own credentialing and privileging procedures, which need to be successfully completed before a provider can deliver patient care. There is a certain degree of overlap in business processes and the data collected. Verifying providers' personal history, level of completed education and training, board certifications, and references are common tasks.

A joint work group was established to address alternatives to facilitate credentialing and privileging. VA and DoD representatives have determined that common credentialing data exchanged under common business rules would maximize the validity of the data and trust of reviewers. A technical integration plan between the two systems is nearly complete. The technical integration permits either VetPro or CCQAS users to request available data from each other. Appropriate documentation was drafted to assure Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) compliance for establishing confidence in the completeness, accuracy, and timeliness of information received from other sources.

- 4 DoD/VA Electronic Health Records Interoperability Initiative. DoD and VA are committed to exchanging appropriate health information in the most efficient and effective means possible while continuing to meet unique department needs. The Departments recognize the need to address interoperability as DoD implements CHCS II and VA develops plans for HealthVet-VistA. A two-phased effort will enable DoD and VA to exchange patient data, and culminate in the development of computerized health record systems that ensure interoperability between the two systems. The first phase of this plan is the FHIE previously discussed. The second phase consists of a focus on standards and a two-way information flow.

The Health Executive Council, co-chaired by the Assistant Secretary of Defense (Health Affairs) and the Under Secretary for Health, maintain project oversight of this initiative and signed the Executive Decision Memorandum defining the goals of this initiative. This plan, which has been approved by the Office of Management and Budget, addresses the Departments' long-range plan to improve sharing of health information; adopt common standards for architecture, data, communications, security, technology and software; seek joint procurement and/or building of applications, where appropriate; seek opportunities for sharing existing systems and technology, and explore convergence of DoD and VA health information applications consistent with mission requirements.

To facilitate the development of functional capabilities and requirements and ensure interoperability between the DoD Clinical Data Repository (CDR) and the VA Health Data Repository (HDR), the Departments formed the Clinical/Health Data Repository (CHDR) Working Integrated Product Team (WIPT) led by senior managers in both Departments. The CHDR WIPT is focused towards the development of a prototype that will demonstrate a bi-directional data flow of health information between DoD and VA, and the development of a CDR-HDR interface by October 2004.

III RECOMMENDATIONS TO PROMOTE SHARING BETWEEN THE DEPARTMENTS

The initiatives examined and discussed throughout this report fell within the purview of the VA Under Secretary for Health and the Assistant Secretary of Defense (Health Affairs) and did not require submission to the Secretaries of the respective Departments.

IV REVIEW OF AGREEMENTS AND ACTIVITIES

A. Facilities with Sharing Agreements

VA and DoD coordinate health services through direct sharing agreements, TRICARE contracting, joint contracting for pharmaceuticals and medical/surgical supplies, information technology collaboration, training cooperation, and joint facilities.

One hundred sixty VA medical facilities were involved in sharing agreements with 263 MTFs and 180 reserve units around the country. There were 468 sharing agreements covering 2,694 health services with the military. In 2002, there were 622 agreements covering 6,017 services. The drop in the number of services being shared is due largely to the termination of sharing agreements with the Military Medical Support Office and transfer of workload to TRICARE. Eighty-six VAMCs reported reimbursements from TRICARE. Appendix B is a list of health services provided in agreements with the military and under TRICARE.

VA and DoD have substantially increased joint procurement activities. As of September 2003, there were 84 joint VA/DoD contracts, 15 Bid Price Adjustments (BPAs) and two Temporary Price Reductions (TPR) in place for pharmaceuticals. FY 2003 cost avoidance is estimated at \$346 million for VA and \$125 million for DoD. Four joint requirements solicitations are pending action by VA's National Acquisition Center (NAC) or Defense Supply Center Philadelphia (DSCP). Ten high-volume prescription drugs have been identified for joint contracting possibilities in FY 2004.

VA has provided FSS pricing to DoD for over 30 percent of those medical/surgical supplies previously-contained in DoD's Distribution and Pricing Agreements (DAPA). Both Departments are planning to combine all of these contracts to eliminate redundancies. A task force is working on an appendix to the overarching Memorandum of Understanding (MOU) that will enable the agencies to build a single Federal pricing catalog that will be searchable and on-line for their respective customers. Data mapping is ongoing. This product is expected to roll out in the first quarter of calendar 2004. It is expected that this initiative will have the effect of leveraging both Departments' buying power and eliminate duplication.

The Departments are working to eliminate duplicate contracting vehicles. At the end of the fiscal year, VA and DoD had 13 joint contracts in place. A task force is addressing the remaining duplicate contracts. This initiative should be completed by the end of calendar year 2004.

B. Examples of sharing activities are.

- Fort Knox and Louisville (KY) VAMC. A fully staffed VA outpatient clinic is located inside Ireland Army Medical Center (IACH) that has over 4300 veterans enrolled--70 percent of whom are dual-eligible military retirees. In exchange for space, equipment, utilities, supplies and ancillary services (an estimated bartered expense for IACH of \$1.7 million), VA provides primary care services to TRICARE beneficiaries. The total estimated cost avoidance from this arrangement was \$500,000 in FY 2003. Inpatient referrals and specialty services are routinely provided at the Louisville VA Medical Center. To facilitate coordination, VA providers have access to CHCS at the same workstation used to access VHA's Computerized Patient Record Systems and Veterans Information System and Technology Architecture (CPRS/VISTA). In addition to the clinical coordination, both IACH and the Louisville VA Medical Center have points of contact to facilitate communication. Every VA provider is listed with Humana as a TRICARE Primary Care Manager.
- Hampton Roads (VA) area. Portsmouth Naval Medical Center, Langley Air Force Base and Fort Eustis treated patients that could not be seen at the VA Medical Center due to damage caused by Hurricane Isabel.
- White River Junction (VT) VAMC and the Vermont National Guard. The White River Junction VAMC hired additional clinical staff, obtained required specialty and ancillary services, and paid for equipment and equipment installation costs at the Fort Ethan Community Based Outpatient Clinic (CBOC) in Colchester, VT. The clinic began providing health care to Army and Air Guardsmen on weekend training, and provided additional services for veterans in the Greater Burlington, VT, area.
- Cheyenne (WY) VAHCS and F.E. Warren AFB. The Air Force is utilizing VA's outpatient specialty care network for active duty (AD) referrals. AD referrals are up 25 percent from the previous year. VA contract services are saving 25 percent per individual device. VA's contract with local radiology group now includes the Air Force. The Air Force is assessing participation in VA satellite clinics in Greeley and Fort Collins, CO.
- Dayton VAMC and Wright Patterson AFB Medical Center. These two facilities are sharing medical services staff. The Dayton VAMC will supplement gastroenterological services when Air Force physicians need backup. As staffing needs become more critical at Wright-Patterson because of deployments, the plan is to extend such coverage to all

subspecialties in medicine. The goal is to be able to accomplish staff cross coverage so staff can move freely from one facility to the other as needed.

C. VA Participation in TRICARE

Funds generated from TRICARE patients provide benefits to VA beneficiaries, such as adding additional services and providing extended access hours for care. Eighty-six VAMCs reported reimbursable earnings during the year. VA has signed agreements with the five mental health subcontractors.

VA published and disseminated a "TRICARE and VA Training Guide and "TRICARE Processing Flow Chart." The guide identifies and standardizes the administrative and billing processes associated with treating TRICARE patients. This instructional material reflects "best practices" of the staffs at the Palo Alto, CA, Loma Linda, CA; and, the Brevard Outpatient Clinic (FL).

D. Education and Training Agreements

There are 214 VA/DoD agreements involving education and training support, including training for physicians and nurses. These agreements typically involve training opportunities in exchange for staffing assistance. Most agreements are between VAMCs and reserve units. Under a typical agreement, a VAMC provides space for weekend training drills and, in return, the VAMC receives staffing support. Erie, PA, VAMC, for example, provides the use of its dental office and laboratories for the US Navy and Marine Corps Center for health care services. The Salisbury, NC, VAMC provides training for nursing assistants for the 3297th US Army Hospital, Charlotte, NC, in return for staff support. Tampa, FL, VAMC provides space for physical therapy training for the National AMEDD (Army Medical Department) Augmentation Detachment, Ft. McPherson, GA, in return for staff support.

E. Seamless Transition of Returning Service Members to VA

In August, the VA Under Secretary for Benefits and the VA Under Secretary for Health established a new "VA Taskforce for the Seamless Transition of Returning Service Members" to assure that services are provided to our military and veterans. This taskforce, composed of VA senior leadership as well as the VA/DoD Executive Council structure, is focusing on internal coordination efforts to ensure that VA approaches this mission in a comprehensive manner. An additional goal is improving collaboration with DoD. The group is working closely with DoD to enhance VA's ability to identify and serve all returning service members that sustained injuries or illnesses.

VHA has assigned social workers as liaisons to the primary MTFs receiving returning service members. The social workers work closely with military team members to ensure a smooth transfer of care from MTFs to VHA medical centers. VBA assigned a benefits counselor to Walter Reed Army Medical Center and Bethesda Naval Hospital to advise ill or injured service members about VA benefits. Each VA medical center and VBA regional office has identified a Point of Contact to coordinate medical care and benefits for returning service members. VA reviewed and improved the internal processes for providing services to this newest group of veterans. An internet website is being developed to provide information to returning service members and their families regarding benefits.

VA is developing an agreement with the Army so that VA could be regularly provided with listings of all soldiers preparing for medical discharge or retirement. VA is planning to set up an office to refer individuals to its medical centers and VBA regional offices. This agreement will serve as a template for agreements with the Air Force and Navy.

V OTHER PLANNING AND ACTIVITIES INVOLVING EITHER DEPARTMENT IN PROMOTING COORDINATION

A FY 2003 National Defense Authorization Act VA-DoD initiatives are

- 1 DoD/VA Health Care Sharing Incentive Fund (Section 721) In accordance with 38 USC 8111(f) as added by section 721, a fund is to be established to "carry out a program to identify, provide incentives to, implement, fund, and evaluate creative coordination and sharing initiatives at the facility, interregional, and nationwide levels." Each Department is to make a minimum of \$15 million available annually to the fund. The Financial Management Work Group of the HEC has defined the business processes and oversight strategy for making funds available for initiatives and to develop proposal criteria to guide field elements in submitting projects for consideration.
- 2 Health Care Resources Sharing and Coordination Project (Section 722) This section requires the two Departments to conduct at least three coordinated management systems demonstration projects. At least one of the following elements is to be tested: budget and financial management, staffing and assignment system, medical information and information technology. Each Department must provide \$6 million in FY 2004 and \$9 million in Fiscal Years 2005 through 2007.

The Joint Facility Utilization and Resource Sharing Work Group of the HEC worked to define the criteria for site selection, which was approved by the Assistant Secretary of Defense/Health Affairs and the Under Secretary for Health on July 24, 2003. Seventeen sites submitted proposals. The work group selected eight sites. The sites selected were:

- Budget and financial management systems:
 - VA Pacific Islands Health Care System and Tripler Army Medical Center (HI),
 - Alaska VA Health Care System and 3rd USAF Medical Group (AK);
- Coordinated staffing and assignment systems:
 - Puget Sound Health Care System and Madigan Army Medical Center (WA)
 - Augusta VA Medical Center and Eisenhower Army Medical Center (GA)
 - Hampton VA Medical Center and the 1st USAF Medical Group (VA)
- Medical information/information technology management systems:
 - Puget Sound Health Care System and Madigan Army Medical Center (WA)
 - El Paso VA Health Care System and William Beaumont Army Medical Center (TX)
 - South Texas VA Health care System, Wilford Hall Medical Center, and Brooke Army Medical Center (TX)

- 3 GME Pilot Program (Section 725) DoD encouraged Military Service sponsored trainees in civilian graduate medical education (GME) programs to select programs in which VA also sponsors trainees. DoD and VA jointly track progress in this area. DoD, through the three

Military Services, sponsored both Service-specific and integrated GME programs within the direct care system. With the exception of a small number of fellowships, VA does not directly sponsor GME training programs. However, it does sponsor FTE positions in civilian GME programs. Section 725 states "The Secretary of Defense and the Secretary of Veterans Affairs shall jointly carry out a pilot program under which graduate medical education and training is provided to military physicians and physician employees of the Department of Defense and the Department of Veterans Affairs through one or more programs carried out in military medical treatment facilities of the Department of Defense and medical centers of the Department of Veterans Affairs. The pilot program shall begin not later than January 1, 2003." To comply with these requirements, multiple options are being pursued.

VA sponsored trainees in DoD programs at two sites: William Beaumont Army Medical Center (10 trainees in internal medicine and orthopedics) and Madigan Army Medical Center (2 trainees in geriatrics). For academic year 2002-2003, DoD and VA sponsored at least one trainee in 74 civilian training programs. DoD sponsored 85 military trainees at these sites (Navy 43, Army 20, Air Force 22). For academic year 2003-2004, DoD and VA will sponsor at least one trainee in 73 civilian training programs. DoD is sponsoring 89 military trainees at these sites (Navy 34, Army 18, Air Force 37).

To facilitate increased number of trainees in future years, VA provided a list of GME programs in which VA sponsors trainees to the GME offices of the Military Services to aid trainees who have been approved for sponsored civilian training. Additionally, the Rules of Engagement for the Joint Service GME Selection Board have been revised to encourage selection of programs in which VA participates.

At least 15 of the 213 military GME programs within the direct care system currently incorporate rotations at VA hospitals as part of their core training curriculum. Program directors will continue to give priority to VA facilities as sites for training when any revision of training curriculum occurs in the future. VA and DoD are considering identifying training positions that could be filled by Military Service-sponsored military trainees at civilian training programs where VA sponsors GME trainees for considered critically short DoD specialties.

B Capital Assets Realignment for Enhanced Services (CARES)

CARES is a systematic planning process designed to prepare VA's facilities to meet the future veterans' health care needs. Through the CARES process, VA is realigning its health care system to meet veterans' needs effectively and efficiently, now and in the future. The comprehensive analysis and restructuring of VA health care will change only the way VA delivers health care. Health care services will not be reduced.

One of the goals for CARES planning was "to improve sharing facilities and services with DoD." DoD participated in the planning initiative section, and in reviewing each of the market areas to identify sites where collaboration was feasible. Many of these sites became "Planning Initiatives." The planning criteria for CARES specifically address VA's role in providing medical back up for DoD.

The VHA Under Secretary of Health released the Draft "National CARES Plan" in August 2003. The plan includes 75 DoD collaboration opportunities ranked in five categories. Of these 75 initiatives, 21 are considered high priority and are proposed for implementation through 2005. Categorizing these initiatives required a review by an interagency team, which included representatives from the National CARES Program Office and the VISNs, and representatives from TRICARE, Army, Navy, and the Air Force. The review analyzed these collaborative opportunities in the context of projected workload for both Departments

C. TRICARE Conference

The 2003 TRICARE Conference featured a full track on collaboration between VA and DoD. Among the ten sessions offered were presentations on "Opportunities for Collaboration," "the VA DoD Joint Strategic Plan," and, "Best Practices at the Michael O' Callahan Federal Medical Center." Each presentation was co-presented by VA and DoD staff.

VI. PROMOTING COORDINATION AND SHARING OF FEDERAL HEALTH CARE RESOURCES

The VA/DoD Joint Executive Council (JEC) is involved extensively in promoting coordination and sharing of Federal health resources through the development and implementation of a VA/DoD Joint Strategic Plan. A comprehensive report on the activities of the JEC and the status of the Joint Strategic Plan will be found in the JEC's annual report.

VII. RECOMMENDATIONS FOR LEGISLATION

There are no recommendations for legislation.

Appendix A

MEMORANDUM OF UNDERSTANDING BETWEEN THE VETERANS ADMINISTRATION AND THE DEPARTMENT OF DEFENSE

VA/DoD HEALTH CARE RESOURCES SHARING GUIDELINES

ARTICLE I

INTRODUCTION

1-101 Purpose. This agreement establishes guidelines to promote greater sharing of health care resources between the Veterans Administration (VA) and the Department of Defense (DoD). Maximization of sharing opportunities is strongly encouraged. Greater sharing of health care resources will result in enhanced health benefits for veterans and members of the armed services and will result in reduced costs to the government by minimizing duplication and underuse of health care resources. Such sharing shall not adversely affect the range of services, the quality of care, or the established priorities for care provided by either agency. In addition, these guidelines are not intended to interfere with existing sharing arrangements.

1-102 Authority. These guidelines are established by the Administrator of Veterans Affairs and the Secretary of Defense pursuant to "The Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," Public Law 97-174, 96 Stat. 70, 70 - 73 (1982) (codified at 38 U.S.C. §5011).

ARTICLE II

DEFINITIONS

2-101 "Actual Cost" means the cost incurred in order to provide the health care resources specified in a sharing agreement.

2-102 "Reimbursement Rate" means the negotiated price cited in the sharing agreement for a specific health care resource. This rate will take into account local conditions and needs and the actual costs to the providing facility or organization for the specific health care resource provided. For example, actual cost includes the cost of communications, utilities, services, supplies, salaries,

depreciation, and related expenses connected with providing health care resources. Excluded from the reimbursement rate are building depreciation, interest on net capital investment and overhead expenses incurred at management levels above the medical facility or other organization providing the health care resources (e.g., Pentagon and Central Office overhead). Equipment depreciation is a component of actual cost to be considered in establishing a reimbursement rate, but facilities are strongly encouraged to exclude it. This rate will be used for billing purposes by the providing medical facility or organization.

2-103 "Beneficiary" means a person who is a primary beneficiary of the VA or DoD.

2-104 "Primary Beneficiary" (1) with respect to the VA, means a person eligible under title 38, United States Code (other than under sections 611(b), 613, or 5011 (d)) or any other provision of law for care or services in VA medical facilities; and (2) with respect to DoD, means a member or former member of the Armed Forces who is eligible for care under section 1074 of title 10.

2-105 "Direct Health Care" means health care provided to a beneficiary in a medical facility operated by the VA or DoD.

2-106 "Head of a Medical Facility" (1) with respect to a VA medical facility, means the director of the facility, and (2) with respect to a medical facility of DoD, means the commanding officer, hospital or clinic commander, officer in charge, or the contract surgeon in charge.

2-107 "Health Care Resource" includes hospital care, medical services, and rehabilitative services, as those terms are defined in title 38 U.S.C. §601 (5), (6), (8); any other health care service, including such health care education, training, and research as the providing agency has authority to conduct; and any health care support or administrative resource or service.

2-108 "Medical Facility" (1) with respect to the VA, means facilities over which the Chief Medical Director has direct jurisdiction; and (2) with respect to DoD, means medical and dental treatment facilities over which DoD, or its organizational elements, or the component Services, have direct jurisdiction.

2-109 "Providing Agency" means (1) the VA, in the case of care or services furnished by a facility, or organizational elements, of the VA; or (2) DoD, in the case of care or services furnished by a facility, or organizational element of DoD, or its component Military Services.

2-110 "Sharing Agreement" means a cooperative agreement authorized by Public Law 97-174, §3, 96 Stat. 70, 70-73 (1982) (codified at 38 U.S.C. §5011 (4)) for the use or exchange of use of one or more health care resources.

ARTICLE III

SHARING AGREEMENTS

3-101 Approval Process. Before a sharing agreement may be executed and implemented, the heads of the medical facilities involved shall submit the proposed agreement to: (1) the Chief Medical Director, through the appropriate Department of Medicine and Surgery channel, in the case of the VA; (2) the Assistant Secretary of Defense (Health Affairs), or his or her designees, through the appropriate chain of command, in the case of DoD. The agreement shall be effective in accordance with its terms (A) on the 46th calendar day after receipt of the proposed agreement by the designated Department of Medicine and Surgery office on behalf of the Chief Medical Director for the VA, and the next higher organizational element within the chain of command for DoD, unless earlier disapproved by either agency; or (B) if earlier approved by both agencies on the day of such approval. An office that disapproves a sharing agreement shall send a copy of the agreement and a written statement of its reasons for disapproval to the VA/DoD Health Care Resources Sharing Committee.

3-102 Acquiring or Increasing Resources. A head of a medical facility may request permission to acquire or increase health care resources that exceed the needs of the facility's primary beneficiaries but that would effectively serve the combined needs of both agencies. Justification for acquiring or increasing resources may be based on the projected workload from a sharing agreement. Such requests will be considered in the usual planning and budgeting processes. Consideration of such requests will necessarily take into account many factors governing resource allocation. Agreements will not be submitted until permission to increase existing resources or to acquire new resources has been obtained.

3-103 Eligibility. Agreements may permit the delivery of health care resources to primary beneficiaries of one agency at facilities of the other agency. Direct health care to primary beneficiaries of the agency requesting services should be on a referral basis. Delivery of health care resources will not (as determined by the head of the facility of the providing agency) adversely affect the range of services, the quality of care, or the established priorities for care provided to beneficiaries

of the providing agency.

3-104 Reimbursement and Rate Setting. Reimbursement for the cost of health care resources provided shall be credited to funds that have been allotted to the facility or organization that provided the care or services. The medical facility or organization providing the resources shall bill the recipient facility or organization directly. Billing frequency shall be established in the agreement. Reimbursement shall be forwarded to the providing medical facility in a timely manner. Heads of medical facilities and other organizations may negotiate a reimbursement rate that is less than actual cost to the providing facility or organization to account for local conditions and needs. (See definitions of "actual costs" and "reimbursement rate" in section 2-101 and 2-102.) The reimbursement rate may not be more than the actual cost to the providing facility or organization of the resources provided.

3-105 Scope of Agreements. The head of a medical facility or organization of either agency may agree to enter into a proposed sharing agreement with the head of a medical facility or organization of the other agency in accordance with these guidelines. Sharing agreements involving more than one medical facility of each agency may be developed. The Chief Medical Director and the Assistant Secretary of Defense for Health Affairs may agree to enter into regional or national sharing agreements. Sharing agreements shall identify the health-care resources to be shared. Exchange of resources without billing is permitted if costs are specified in the agreement.

3-106 Education, Training, and Research Sharing Agreements.

1. Education and Training - Situation-specific sharing is encouraged at the local, regional, and national levels. Continuing education, formal technical training, and professional education, are areas to be emphasized.

To facilitate educational sharing the Office of Academic Affairs, Department of Medicine and Surgery, VA; and the Office of the Assistant Secretary of Defense for Health Affairs will:

a. Initiate an educational "clearing house" process to exchange information on potential sharing opportunities. This process will encourage the development of timely and effective sharing of educational and training resources.

b. Encourage an ongoing dialogue between those responsible for education and training at all levels - local, regional, and national.

2. Biomedical Research - To encourage more collaboration, an information exchange will be established. The Assistant Secretary of Defense for Health Affairs and the Chief Medical Director will designate representatives to establish such an exchange.

In joint projects or protocols involving human subjects, each agency's procedures for approval of "human studies" protocols will be followed. However, at a minimum, the Department of Health and Human Services Guidelines will be complied with. Sharing agreements involving "human studies" protocols will not be considered without approval of the protocol by both agencies.

3-107 Modification, Termination, Renewal. Each agreement shall include a statement on how the agreement may be modified and terminated. Proposed changes in the quality and quantity of resources delivered, in actual costs, and in the performance in delivering the resources are grounds for modification or termination. Sharing agreements shall provide for modification or termination in the event of war or national emergency. Agreements may exceed one year, provided necessary cost adjustment amendments are included and a statement is included in the agreement to the effect that if the contract period extends beyond the current fiscal year, the sharing agreement is subject to the availability of appropriations for the period after the first September 30 during which the agreement is in effect. Each party to the sharing agreement shall annually review the agreement to make certain that the resources being provided are in accordance with the agreement. Sharing agreements may be renewed in accordance with procedures to be established by each agency.

3-108 Reporting Requirements. The VA/DoD Health Resources Sharing Committee will retain copies of agreements for an annual report to Congress, which is required by the law. A copy of each agreement entered into or renewed will be sent by the medical facilities or organizations entering into the agreements to the VA/DoD Health Care Resources Sharing Committee. It is the VA/DoD Sharing Committee's responsibility to prepare the annual report to Congress which the Secretary of Defense and the Administrator will submit.

ARTICLE IV

AGENCY PROCEDURES

4-101 Agency Guidance. Each agency will issue implementing and operating guidance to their organizational elements and medical facilities.

4-102 Review. Both agencies agree to refer existing policies, procedures, and practices relating to sharing of health-care resources between the agencies to the VA/DoD Health Care Resources Sharing Committee for its review, which is as required by 38 U.S.C. §5011 (b)(3)A.

4-103 Quality Assurance. Agency medical facilities shall maintain utilization review and quality assurance programs to ensure the necessity, appropriateness, and quality of health care services provided under this agreement. The content and operation of these programs shall, at a minimum, meet the requirements and guidelines set forth in the most recent editions of the Joint Commission on Accreditation of Hospitals accreditation manuals.

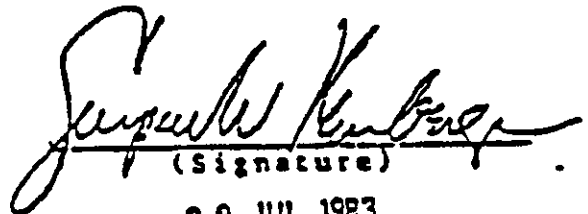
ARTICLE V

EFFECTIVE DATE, MODIFICATION, AND TERMINATION OF GUIDELINES

5-101 Duration. This memorandum becomes effective on the date of the last signature. Either party may propose amending these guidelines, but both must agree for amendments to take effect. Either party may terminate these guidelines upon 30 days written notice to the other party.


(Signature)

JUL 1 - 1983


(Signature)

29 JUL 1983

Appendix B

VA/DoD Sharing Agreements/Tricare Contracts Total Services by Provider of Care

Active as of 9/30/2003

VA/DoD Sharing Agreements

Provided by Department of Veterans Affairs

| Total | 2,200 |
|---|-------|
| Administration | 28 |
| Administration(VA) | 1 |
| Allergy | 1 |
| Allergy Clinic | 1 |
| Ambulatory Care Administration | 11 |
| Ambulatory Special Procedures | 22 |
| Anatomical Pathology | 5 |
| Anesthesiology | 6 |
| Area Dental Prosthetic Laboratory (Type | 2 |
| Area Reference Laboratories | 1 |
| Associated Health Staffing | 78 |
| Audiology Clinic | 38 |
| Biomedical Equipment | 10 |
| Biomedical Equipment Repair - Contract | 5 |
| Blind Rehabilitation | 1 |
| Blood Bank | 4 |
| Blood Gasses | 1 |
| Bone Marrow Transplant | 3 |
| Cardiac Catheterization | 3 |
| Cardiology Clinic | 23 |
| Cardiovascular Thoracic Surgery | 4 |
| Central Sterile Supply | 3 |
| Clinical Dietetics | 1 |
| Clinical Management | 1 |
| Clinical Pathology | 85 |
| Communications | 4 |
| Comp-Pension Exams | 7 |
| Continuing Health Education | 2 |
| Contract Services | 1 |
| CT Scans | 34 |
| Dental Assistant | 1 |
| Dental Depreciation | 2 |
| Dental Examination | 4 |
| Dental Laboratory | 9 |
| Dental Services | 107 |
| Dermatology | 18 |
| Diabetic Clinic | 2 |
| Domiciliary Bed Section | 2 |
| Education and Training | 97 |
| EEG | 11 |
| EKG | 18 |
| Emergency Medical Clinic | 17 |

VA/DoD Sharing Agreements

Provided by Department of Veterans Affairs

| | |
|---|----|
| EMG | 9 |
| Endocrinology | 12 |
| Endocrinology (Metabolism) Clin | 3 |
| Engineering Support | 4 |
| Environmental Health Program | 3 |
| Equipment (medical) | 5 |
| Family Planning Clinic | 1 |
| Family Practice Obstetrics | 1 |
| Family Practice Psychiatry | 3 |
| Fire Protection | 1 |
| Food Operations | 2 |
| Gastroenterology | 7 |
| Groundskeeping | 1 |
| Gynecology-Inpatient | 17 |
| Gynecology-Outpatient | 20 |
| Hematology-Inpatient | 9 |
| Hematology-Outpatient | 6 |
| Hemodialysis | 1 |
| HIV Testing | 8 |
| Housekeeping | 2 |
| Immunizations | 3 |
| Infectious Disease-Inpatient | 2 |
| Infectious Disease-Outpatient | 4 |
| Information Systems | 4 |
| Intermediate Care | 2 |
| Laboratory testing | 15 |
| Laundry | 25 |
| Lease of Real Property | 10 |
| Library Services | 3 |
| Maintenance of Real Property | 16 |
| Mammography | 21 |
| Maternal Services | 6 |
| Medical Care (Other) | 14 |
| Medical Clinics (Other) | 23 |
| Medical Examination | 88 |
| Medical Intensive Care Unit | 22 |
| Medicine Clinic | 17 |
| Mental Health Inpatient | 27 |
| Mental Health Outpatient | 13 |
| Military Patient Personnel Administration | 2 |
| MRI | 27 |
| Nephrology Clinic | 2 |
| Neurology | 18 |
| Neurology Clinic | 18 |
| Neurosurgery | 4 |
| Neurosurgery Clinic | 1 |
| Non-health related Training | 3 |
| Nuclear Medicine | 26 |
| Nuclear Medicine (Therapeutic) | 2 |

VA/DoD Sharing Agreements

Provided by Department of Veterans Affairs

| | |
|------------------------------|----|
| Nurse Staffing | 43 |
| Nursing Home Care | 5 |
| Nursing Training | 97 |
| Nutrition Clinic | 17 |
| Obstetrics Clinic | 1 |
| Occupational Therapy Clinic | 10 |
| Oncology | 4 |
| Operating Room Suite | 5 |
| Ophthalmology | 4 |
| Ophthalmology Clinic | 10 |
| Optometry | 31 |
| Oral Surgery | 15 |
| Orthopedics | 7 |
| Orthopedics Clinic | 8 |
| Otolaryngology | 3 |
| Otolaryngology Clinic | 2 |
| Patient Food Operations | 1 |
| Patient Transportation | 3 |
| Peripheral Vascular Surgery | 1 |
| Pet Scans | 2 |
| Pharmacy | 41 |
| Physical Medicine | 14 |
| Physical Therapy Clinic | 24 |
| Physician Assistant | 2 |
| Physician Staffing | 27 |
| Physician Training | 47 |
| Plastic Surgery | 2 |
| Podiatry Clinic | 21 |
| Primary Care Clinics | 17 |
| Proctology | 2 |
| Prosthetics/Orthotics | 24 |
| Psychiatric Clinic | 17 |
| Psychiatrist Staffing | 2 |
| Psychology Clinic | 8 |
| psychology staffing | 2 |
| PTSD Clinical Team | 1 |
| PTSD Resid Rehab | 2 |
| Pulmonary Disease Clinic | 11 |
| Pulmonary Function | 11 |
| Pulmonary/Upper Resp Disease | 1 |
| Radiation Health | 15 |
| Radiology | 78 |
| Radiology (Therapeutic) | 4 |
| Rehab & Spt Services | 5 |
| Rehabilitation | 20 |
| Research Support | 2 |
| Respiratory Therapy | 4 |
| Rheumatology-Inpatient | 2 |
| Rheumatology-Outpatient | 4 |

VA/DoD Sharing Agreements

Provided by Department of Veterans Affairs

| | |
|---------------------------------|----|
| Signage | 1 |
| Social Work Clinic | 3 |
| Space | 7 |
| Speech Pathology Clinic | 16 |
| Spinal Cord Injury | 10 |
| Substance Abuse Clinic | 16 |
| Substance Abuse Disorder Clinic | 1 |
| Substance Abuse-Inpatient | 14 |
| Surgery Clinic | 30 |
| Surgery Recovery Room | 21 |
| Surgical Care (Other) | 12 |
| Surgical Intensive Care Unit | 21 |
| Technician Staffing | 4 |
| Technician Training | 12 |
| Toxicology | 1 |
| Transportation | 5 |
| Ultrasound | 10 |
| Urology | 18 |
| Urology Clinic | 20 |
| Utilities | 1 |

VA/DoD Sharing Agreements

Provided by DoD

| AIR FORCE | Total | 107 |
|---------------------------------|-------|-----|
| | | 1 |
| Administration | | 2 |
| Ambulatory Care Administration | | 1 |
| Anatomical Pathology | | 1 |
| Anesthesiology | | 1 |
| Associated Health Staffing | | 1 |
| Audiology Clinic | | 1 |
| Cardiac Catheterization | | 1 |
| Cardiology Clinic | | 1 |
| Clinical Pathology | | 4 |
| Communications | | 2 |
| Comp-Pension Exams | | 1 |
| CT Scans | | 7 |
| Dental Services | | 1 |
| Education and Training | | 2 |
| EEG | | 1 |
| EKG | | 1 |
| Emergency Medical Clinic | | 2 |
| EMG | | 1 |
| Equipment (Other) | | 1 |
| Family Practice Newborn Nursery | | 1 |
| Family Practice Obstetrics | | 1 |
| Family Practice Pediatrics | | 1 |
| Gynecology-Inpatient | | 1 |
| Gynecology-Outpatient | | 1 |
| HIV Testing | | 1 |
| Hyperbaric Medicine | | 3 |
| Mammography | | 1 |
| Medical Care (Other) | | 2 |
| Medical Clinics (Other) | | 1 |
| Medical Intensive Care Unit | | 1 |
| Medicine Clinic | | 2 |
| Mental Health Inpatient | | 1 |
| Mental Health Outpatient | | 1 |
| MRI | | 7 |
| Neonatal Intensive Care Unit | | 1 |
| Nephrology Clinic | | 1 |
| Neurology | | 1 |
| Neurosurgery | | 1 |
| Neurosurgery Clinic | | 1 |
| Non-health related Training | | 1 |
| Nuclear Medicine | | 1 |
| Nurse Staffing | | 2 |
| Obstetrics | | 1 |
| Obstetrics Clinic | | 1 |
| Oncology | | 1 |
| Ophthalmology | | 1 |

VA/DoD Sharing Agreements

Provided by DoD

| | | |
|---------------------------------|--------------|-----------|
| Optometry | | 1 |
| Orthopedics | | 1 |
| Orthopedics Clinic | | 1 |
| Otolaryngology | | 1 |
| Otolaryngology Clinic | | 1 |
| Pharmacy | | 3 |
| Physical Therapy Clinic | | 1 |
| Physician Assistant | | 1 |
| Physician Staffing | | 4 |
| Physician Training | | 1 |
| Physiological Training | | 1 |
| Primary Care Clinics | | 1 |
| Prosthetics/Orthotics | | 1 |
| Psychiatric Clinic | | 1 |
| Radiology | | 4 |
| Surgery Clinic | | 2 |
| Surgery Recovery Room | | 2 |
| Surgical Care (Other) | | 2 |
| Surgical Implants | | 1 |
| Surgical Intensive Care Unit | | 1 |
| Urology | | 1 |
| AIR FORCE RESERVE | Total | 22 |
| Administration | | 1 |
| Associated Health Staffing | | 3 |
| Clinical Pathology | | 1 |
| Education and Training | | 5 |
| Equipment (medical) | | 1 |
| Fire Protection | | 1 |
| Infectious Disease-Outpatient | | 1 |
| Nurse Staffing | | 3 |
| Nursing Training | | 6 |
| Physician Staffing | | 1 |
| Physician Training | | 2 |
| Space | | 1 |
| Technician Training | | 2 |
| AIR NATIONAL GUARD | Total | 35 |
| Administration | | 1 |
| Associated Health Staffing | | 4 |
| Dental Services | | 1 |
| Education and Training | | 7 |
| Endocrinology (Metabolism) Clin | | 1 |
| Nurse Staffing | | 3 |
| Nursing Training | | 8 |
| Physician Staffing | | 1 |
| Physician Training | | 4 |
| ARMY | Total | 97 |
| Administration | | 1 |
| Administration | | 4 |

VA/DoD Sharing Agreements

Provided by DoD

| | |
|---------------------------------|---|
| Allergy Clinic | 1 |
| Ambulatory Care Administration | 1 |
| Anesthesiology | 1 |
| Associated Health Staffing | 1 |
| Audiology Clinic | 2 |
| Biomedical Equipment | 1 |
| Blood Bank | 3 |
| Cardiology Clinic | 1 |
| Cast Clinic | 1 |
| Clinical Immunology | 1 |
| Clinical Pathology | 3 |
| Command | 2 |
| Communications | 1 |
| Community Health Clinic | 1 |
| CT Scans | 3 |
| Dental Services | 1 |
| Dermatology | 1 |
| Education and Training | 4 |
| EEG | 1 |
| Emergency Medical Clinic | 1 |
| Endocrinology (Metabolism) Clin | 1 |
| Engineering Support | 1 |
| Environmental Health Program | 3 |
| Fire Protection | 2 |
| Food Operations | 1 |
| Gynecology-Inpatient | 2 |
| Gynecology-Outpatient | 2 |
| Hand Surgery Clinic | 1 |
| Hematology-Outpatient | 1 |
| Housekeeping | 2 |
| Information Systems | 1 |
| Inpatient Care | 1 |
| Laboratory testing | 3 |
| Laundry | 1 |
| Lease of Real Property | 1 |
| Library Services | 1 |
| Maintenance of Real Property | 3 |
| Medical Clinics (Other) | 1 |
| Medical Examination | 1 |
| Medicine Clinic | 1 |
| Mental Health Inpatient | 1 |
| Mental Health Outpatient | 1 |
| MRI | 1 |
| Neurology Clinic | 1 |
| Neurosurgery Clinic | 1 |
| Nuclear Medicine | 2 |
| Nurse Staffing | 2 |
| Nursing Training | 6 |
| Nutrition Clinic | 2 |

VA/DoD Sharing Agreements

| | | |
|--|--------------|-----------|
| Provided by DoD | | |
| Obstetrics | | 1 |
| Obstetrics Clinic | | 2 |
| Occupational Therapy Clinic | | 2 |
| Ophthalmology Clinic | | 5 |
| Optometry | | 1 |
| Orthopedics Clinic | | 1 |
| Patient Transportation | | 1 |
| Pharmacy | | 5 |
| Physical Therapy Clinic | | 1 |
| Physician Staffing | | 3 |
| Physician Training | | 4 |
| Physiological Training | | 1 |
| Plastic Surgery Clinic | | 1 |
| Podiatry Clinic | | 1 |
| Police Protection | | 2 |
| Prosthetics/Orthotics | | 1 |
| Prosthetics-Ocular | | 1 |
| Psychiatric Clinic | | 1 |
| Psychology Clinic | | 2 |
| Pulmonary Disease Clinic | | 1 |
| Radiology | | 4 |
| Rheumatology-Outpatient | | 1 |
| Social Work Clinic | | 3 |
| Space Management | | 1 |
| Speech Pathology Clinic | | 2 |
| Surgery Clinic | | 1 |
| Surgery Recovery Room | | 3 |
| Surgical Care (Other) | | 4 |
| Surgical Intensive Care Unit | | 1 |
| Technician Staffing | | 1 |
| Transportation | | 1 |
| Urology | | 1 |
| Urology Clinic | | 2 |
| ARMY NATIONAL GUARD | Total | 12 |
| Associated Health Staffing | | 3 |
| Education and Training | | 3 |
| Non-health related Training | | 1 |
| Nurse Staffing | | 1 |
| Nursing Training | | 2 |
| Physician Staffing | | 1 |
| Transportation | | 1 |
| ARMY RESERVE | Total | 97 |
| Administration | | 4 |
| Area Reference Laboratories | | 1 |
| Associated Health Staffing | | 12 |
| Biomedical Equipment Repair - Contract | | 1 |
| Clinical Pathology | | 1 |
| Education and Training | | 21 |

VA/DoD Sharing Agreements

Provided by DoD

| | | |
|------------------------------|-------|----|
| Engineering Support | | 1 |
| Lease of Real Property | | 1 |
| Maintenance of Real Property | | 2 |
| Minor Construction | | 1 |
| Non-health related Training | | 1 |
| Nurse Staffing | | 7 |
| Nursing Training | | 19 |
| Occupational Therapy Clinic | | 1 |
| Patient Food Operations | | 1 |
| Physical Therapy Clinic | | 1 |
| Physician Staffing | | 4 |
| Physician Training | | 15 |
| Radiology | | 1 |
| Technician Staffing | | 1 |
| Utilities | | 1 |
| COAST GUARD | Total | 1 |
| Maintenance of Real Property | | 1 |
| DEPARTMENT OF | Total | 1 |
| Prosthetics/Orthotics | | 1 |
| NAVAL RESERVE | Total | 48 |
| Anesthesiology | | 1 |
| Associated Health Staffing | | 6 |
| Audiology Clinic | | 1 |
| Dental Services | | 1 |
| Education and Training | | 7 |
| Food Operations | | 1 |
| Maintenance of Real Property | | 1 |
| Materiel Services | | 1 |
| Medical Examination | | 3 |
| Nurse Staffing | | 8 |
| Nursing Training | | 9 |
| Pharmacy | | 1 |
| Physician Staffing | | 4 |
| Physician Training | | 3 |
| Technician Staffing | | 1 |
| NAVY | Total | 74 |
| Administration | | 1 |
| Anatomical Pathology | | 1 |
| Associated Health Staffing | | 1 |
| Cast Clinic | | 2 |
| Clinical Pathology | | 3 |
| CT Scans | | 1 |
| Dental Services | | 1 |
| Education and Training | | 2 |
| EEG | | 1 |
| EKG | | 2 |
| Emergency Medical Clinic | | 3 |
| EMG | | 1 |

VA/DoD Sharing Agreements

Provided by DoD

| | |
|------------------------------|------------|
| Engineering Support | 1 |
| Housekeeping | 1 |
| Immunizations | 1 |
| Laboratory testing | 1 |
| Maintenance of Real Property | 1 |
| Mammography | 2 |
| Maternal Services | 1 |
| Medical Care (Other) | 3 |
| Medical Clinics (Other) | 2 |
| Medical Examination | 1 |
| Medical Intensive Care Unit | 1 |
| Medicine Clinic | 1 |
| Mental Health Inpatient | 1 |
| Mental Health Outpatient | 1 |
| MRI | 1 |
| Nuclear Medicine | 1 |
| Obstetrics | 1 |
| Obstetrics Clinic | 1 |
| Operation of Utilities | 1 |
| Optometry | 1 |
| Pharmacy | 3 |
| Physical Exam | 1 |
| Physical Therapy Clinic | 1 |
| Physician Staffing | 1 |
| Physician Training | 2 |
| Podiatry Clinic | 1 |
| Primary Care | 1 |
| Primary Care Clinics | 2 |
| Psychiatric Clinic | 1 |
| Radiology | 5 |
| Recovery Room | 1 |
| Social Work Clinic | 2 |
| Surgery Clinic | 2 |
| Surgery Recovery Room | 1 |
| Surgical Care (Other) | 4 |
| Surgical Intensive Care Unit | 1 |
| Ultrasound | 1 |
| Grand Total | 494 |

Tricare Contracts

Provided by Department of Veterans Affairs

| Total | 1,951 |
|---------------------------------|-------|
| | 4 |
| Administration | 33 |
| Allergy | 5 |
| Allergy Clinic | 4 |
| Ambulatory Care Administration | 35 |
| Ambulatory Special Procedures | 41 |
| Anatomical Pathology | 5 |
| Anesthesiology | 10 |
| Audiology Clinic | 40 |
| Blood Bank | 3 |
| Bone Marrow Transplant | 6 |
| Burn Unit | 5 |
| Cardiac Catheterization | 2 |
| Cardiology Clinic | 7 |
| Cardiovascular Thoracic Surgery | 2 |
| Clinical Dietetics | 8 |
| Clinical Immunology | 4 |
| Clinical Pathology | 60 |
| Cobalt Treatment | 1 |
| Community Health Clinic | 1 |
| Continuing Health Education | 1 |
| Coronary Care Unit | 1 |
| CT Scans | 16 |
| Dental Examination | 1 |
| Dental Laboratory | 1 |
| Dental Services | 6 |
| Dermatology | 7 |
| Diabetic Clinic | 2 |
| Domiciliary Substance Abuse | 2 |
| Drug Screening and Testing | 1 |
| EEG | 16 |
| EKG | 16 |
| Emergency Medical Clinic | 15 |
| EMG | 6 |
| Endocrinology | 4 |
| Endocrinology (Metabolism) Clin | 5 |
| EPT | 3 |
| Family Planning Clinic | 3 |
| Family Practice Newborn Nursery | 1 |
| Family Practice Obstetrics | 1 |
| Family Practice Pediatrics | 2 |
| Family Practice Psychiatry | 22 |
| Family Practice Surgery | 1 |
| Gastroenterology | 8 |
| Geriatric Evaluation | 1 |
| Gynecology-Inpatient | 34 |
| Gynecology-Outpatient | 35 |

Tricare Contracts

Provided by Department of Veterans Affairs

| | |
|-----------------------------------|----|
| Hand Surgery | 1 |
| Hand Surgery Clinic | 1 |
| Hematology-Inpatient | 3 |
| Hematology-Outpatient | 3 |
| Hemodialysis | 4 |
| Histology | 4 |
| HIV III (AIDS) | 9 |
| HIV Testing | 5 |
| Immediate Care Clinic | 2 |
| Immunizations | 1 |
| Infectious Disease-Inpatient | 3 |
| Infectious Disease-Outpatient | 2 |
| Inpatient Care | 1 |
| Internal Medicine | 1 |
| Laboratory testing | 12 |
| Mammography | 14 |
| Medical Care (Other) | 21 |
| Medical Clinics (Other) | 23 |
| Medical Examination | 53 |
| Medical Intensive Care Unit | 44 |
| Medicine Clinic | 54 |
| Mental Health Inpatient | 76 |
| Mental Health Outpatient | 94 |
| Mental Health Services | 6 |
| MRI | 9 |
| MUGA | 3 |
| Neonatal Intensive Care Unit | 7 |
| Nephrology Clinic | 3 |
| Neurology | 6 |
| Neurology Clinic | 4 |
| Neurosurgery | 4 |
| Neurosurgery Clinic | 4 |
| Nuclear Medicine | 14 |
| Nuclear Medicine (Therapeutic) | 4 |
| Nurse Staffing | 8 |
| Nursing Home Care | 5 |
| Nutrition Clinic | 5 |
| Obstetrics | 3 |
| Occupational Health Clinic | 1 |
| Occupational Therapy Clinic | 11 |
| Oncology | 9 |
| Operating Room Suite | 1 |
| Ophthalmic Fabrication and Repair | 1 |
| Ophthalmology | 2 |
| Ophthalmology Clinic | 2 |
| Optometry | 7 |
| Oral Surgery | 4 |
| Orthopedics | 3 |
| Orthopedics Clinic | 4 |

Tricare Contracts

Provided by Department of Veterans Affairs

| | |
|---|----|
| Otolaryngology | 3 |
| Otolaryngology Clinic | 2 |
| Patient Food Operations | 2 |
| Patient Transportation | 4 |
| Pediatric Care | 1 |
| Pediatric Intensive Care Unit | 2 |
| Pediatric Surgery | 1 |
| Pet Scans | 2 |
| Pharmacy | 17 |
| Physical Medicine | 41 |
| Physical Therapy Clinic | 48 |
| Plastic Surgery | 2 |
| Plastic Surgery Clinic | 1 |
| Podiatry Clinic | 2 |
| Preventive Medicine | 4 |
| Primary Care | 3 |
| Primary Care Clinics | 47 |
| Proctology | 1 |
| Proctology Clinic | 1 |
| Prosthetics/Orthotics | 13 |
| Psychiatric Clinic | 66 |
| Psychiatric -Inpatient | 2 |
| Psychiatric Interviews and Observations | 1 |
| Psychology Clinic | 66 |
| PTSD Clinical Team | 2 |
| PTSD Resid Rehab | 2 |
| Pulmonary Disease Clinic | 6 |
| Pulmonary Function | 5 |
| Pulmonary/Upper Resp Disease | 3 |
| Radiation Health | 4 |
| Radiology | 69 |
| Radiology (Therapeutic) | 5 |
| Recovery Room | 1 |
| Rehab & Spt Services | 13 |
| Rehab Counseling | 3 |
| Rehabilitation | 46 |
| Respiratory Therapy | 11 |
| Rheumatology-Inpatient | 6 |
| Rheumatology-Outpatient | 6 |
| Sleep Laboratory | 1 |
| Social Work Clinic | 10 |
| Speech Pathology Clinic | 17 |
| Spinal Cord Injury | 10 |
| Substance Abuse Clinic | 70 |
| Substance Abuse Disorder Clinic | 3 |
| Substance Abuse-Inpatient | 80 |
| Surgery Clinic | 72 |
| Surgery Recovery Room | 17 |
| Surgical Care (Other) | 47 |

Tricare Contracts

Provided by Department of Veterans Affairs

| | |
|------------------------------|----|
| Surgical Intensive Care Unit | 42 |
| Toxicology | 1 |
| Ultrasound | 4 |
| Urology | 6 |
| Urology Clinic | 9 |

Tricare Contracts

Provided by DoD

TRICARE Region 4
Administration

| | |
|-------------|---|
| Total | 1 |
| Grand Total | 1 |

**Estimate of Cost to Prepare
Congressionally-Mandated Report**

ATTACHMENT

| | |
|------------------------------|---|
| Short Title of Report | <u>FY 2003 VA/DoD Health Resources Sharing Report</u> |
| Report Required By | <u>Title 38 U S C 8111(f)</u> |

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below

| | |
|--|------------------------------|
| Manpower Cost: | <u>\$5,123</u> |
| Contract(s) Cost: | <u>\$0</u> |
| Other Cost: | <u>\$0</u> |
| <u>Total Estimated Cost to Prepare Report</u> | <u><u>\$5,123</u></u> |

Brief Explanation of the methodology used in preparing this cost statement